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CONFIRMATION NO. 3711

<b>SERIAL NUMBER</b> 10/751,031	<b>FILING OR 371(c) DATE</b> 01/02/2004 <b>RULE</b>	<b>CLASS</b> 601	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 51530/SAH/H362
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**APPLICANTS**  
 Hans Dehli, Dana Point, CA;

**\*\* CONTINUING DATA \*\*** *OK M.B.*  
 This application is a CIP of 10/705,412 11/10/2003

**\*\* FOREIGN APPLICATIONS \*\*** *None M.B.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 04/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>M.B.</i> Examiner's Signature	<i>M.B.</i> Initials			

**ADDRESS**  
23363

**TITLE**  
Air controlled massage system with motorized drive mechanism

<b>FILING FEE RECEIVED</b> 1228	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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